

amberLOUNGE

BAR AND RESTAURANT

WHICH VENUE ARE YOU APPLYING FOR:

CHESTER		KNUTSFORD	
NORTHWICH		STALYBRIDGE	

Please tick box as appropriate

APPLICATION FOR EMPLOYMENT

The information on this form will be treated sensitively and confidentially. Please complete this form in black ink.

Surname (Mr/Mrs/Miss/Ms)	First Name(s)
Marital Status (please circle) Single/Married/Divorced/Widowed/Separated	Date of Birth
Home Address Post Code Telephone Number (including dialling code)	Temporary Address (if different from home address) Post Code Telephone Number (including dialling code)
Position applying for: (if known)	Present work telephone number (if convenient)
Location	Date available for employment or period Of notice you are obliged to give.
Have you worked for, or applied to us before? Please give details, and if applicable, reason for leaving.	Have you ever been convicted of a criminal offence or driving offence? If so, please give details. (Declaration subject to the Rehabilitation of Offenders Act).
Do you require a work permit if employment is offered? YES/NO If yes, please provide your passport number: Expiry date of existing permit:	Do you hold a current Driving Licence? YES/NO Do you hold a current First Aid at Work Certificate? YES/NO If yes, please state expiry date:
Next of kin/Emergency contact: Name: Address: Home telephone number: Work telephone number:	We are committed to developing policies to promote equal opportunities. In order that we can monitor this effectively, <i>and for no other purpose</i> , please indicate your racial/ethnic origin. <ol style="list-style-type: none"> 1. White 2. Black-Caribbean 3. Black-African 4. Black-Other 5. Indian 6. Pakistani 7. Bangladeshi 8. Chinese 9. Other (please specify)
EDUCATION: Please give details of any schools/colleges attended since age 11.	
Full name of School/College	Dates attended
Qualifications Achieved and Grades	

Are you registered disabled? YES/NO

EMPLOYMENT HISTORY: Please show EVERY period of employment, beginning with your current or last position. Please account for any intervals of non-employment and include temporary jobs and full time service with H.M. Forces. Please continue on a separate sheet if necessary.

DATES From To	NAME AND ADDRESS OF EMPLOYER	POSITION HELD	WAGE	NATURE OF DUTIES	REASON FOR LEAVING

If you have other employment, which will be current with the employment for which you are applying, please give details here, including hours worked.

--

REFERENCES: We require the names and addresses of two referees (employers), covering the last two years as a minimum. If you have not been in employment please give the names and addresses of personal referees indicating their relationship to you. A firm offer of employment will be subject to the receipt of two satisfactory references.

REFERENCE 1:	REFERENCE 2:	Please complete the health questionnaire below. This information is important because, if there have been any matters relating to your health which may affect your ability to perform your duties with us (which may have implications for your own or others safety), we will need to discuss these issues with you. Any previous conditions will not, on their own, prevent us from offering employment to you unless that condition cannot be accommodated or unless it would jeopardise your own, or others, health and safety.
--------------	--------------	--

Health Questionnaire:			
Have you ever:	Yes	No	Please give details
Had an operation			
Been seriously injured			
Received in-patient treatment for a physical or mental condition			
Being refused, or dismissed from employment, for health reasons.			
Received a disability pension			
Been registered disabled			
Been made ill by your work			
Been refused a drivers licence because of ill health			

Do you suffer from or have you ever had:

Anaemia	YES/NO	Epilepsy/Fits	YES/NO	Nerve Trouble	YES/NO
Arthritis	YES/NO	Eye Trouble	YES/NO	Period or Prostrate problems	YES/NO
Asthma	YES/NO	Fainting or Dizziness	YES/NO	Rheumatic Fever	YES/NO
Back Trouble	YES/NO	Hay Fever	YES/NO	Rupture	YES/NO
Chest Trouble	YES/NO	Headaches (frequent)	YES/NO	Shortness of Breath	YES/NO
Cough (frequent)	YES/NO	Heart Trouble	YES/NO	Skin Rashes/Eczema	YES/NO
Diabetes	YES/NO	High Blood Pressure	YES/NO	Swelling of Legs or Ankles	YES/NO
Ear Trouble	YES/NO	Jaundice	YES/NO	Varicose Veins	YES/NO

I certify that the information on this form is true in every aspect. I understand that withholding or mis-stating information will lead to dismissal.

Signed Date.....

FOR OFFICE USE ONLY:

Interviewers notes:

Interviewer:

Date: